

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400010012-4  
PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

U. S. Cost Reimbursable

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

THE UNITED STATES, Dc.,

Payee's Account No. 354

To \_\_\_\_\_

(Payee)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				\$ 3,562	21
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total \$ 3,562 21

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

STATINTL

Differences \_\_\_\_\_

Date 6-23-55 \*Payee \_\_\_\_\_

Signature required when \_\_\_\_\_

Per \_\_\_\_\_

Title \_\_\_\_\_

Amount verified; correct for \_\_\_\_\_  
(Signature or initials)

Contract No. A101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd. \_\_\_\_\_

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ 3,562.21

† \_\_\_\_\_  
(Authorized Certifying Officer)

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title Certifying Officer

Title Contracting Officer

STATINTL

Date \_\_\_\_\_

STATINTL

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

APPROVED:

Approving Officer

STATINTL

Paid by { Check No. 23489252 dated 13 July, 1955, for \$ 27,555.10 } on Treasurer of the United States in favor of payee named above.  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe, Secretary, ABC Company."  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Per \_\_\_\_\_

Title \_\_\_\_\_

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Bureau Voucher for Purchases and  
Services Other Than Personal

## CONTINUATION SHEET

U. S. Cost Reimbursable-

Sheet No. 1 of Bureau Voucher No. 31

(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		SYSTEM 3 CONFIDENTIAL PAYROLL  Direct Labor costs properly chargeable to Contract A101 for the period 6/13/55 thru 6/19/55.  Week Ending 6/19/55  STATINTL  Overhead computed at interim rate of [REDACTED]  Total Labor and Overhead  OTHER COST  Ck.#8212 P.O.#6606 Berkeley Division-Beckman Inst., Inc.  Total Labor, Overhead and Other Costs				STATINTL [REDACTED] \$3,381.71 180 50 \$3,562.21	

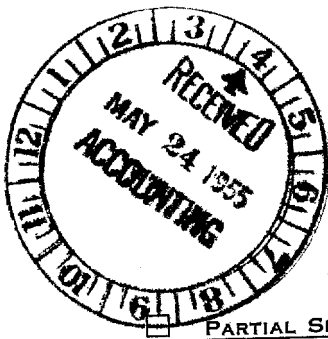
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6748

F.O.B. RICHMOND, CALIFORNIA

~~TERMS XXXXXX FROM DATE XXXXX - 30 DAYS NET~~

ck# 8212



XX~~XX~~ ORDER COMPLETE JP

Returned goods will not be accepted for credit without our permission and transportation charges prepaid. A charge of 10% will be made to cover handling (except for defective goods and damaged goods). Claims must be presented within 10 days from receipt of goods. Seller represents that with respect to the production of the articles and all the performance of the services described, it is in compliance with every particular with all Federal, State, County, Municipal, and other governmental laws, rules and regulations.

**ACCOUNTING COPY**

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## RECEIVING REPORT

No. 5964

VENDOR Berkeley Div of Beekman Instr. DATE 5-31-55  
SHIPPER " " " " P. O. NO. 6606 (Req# 10195)  
REC'D VIA U.P. FREIGHT BILL NO. \_\_\_\_\_  
PACKING SLIP NO. 6748 NO. OF CONTAINERS 1-Ctn

ITEM	QUANTITY	PART NO.	DESCRIPTION	WEIGHT	
				NET	GROSS
1	2		Model 705 A	Decimal Counting Unit	
2	2		" 706 A	" " " "	

STATINTL

REMARKS: *Common*

STATINTL

STATINTL

Bldg #1 Room 176

DELIV  
TO

For Release BY:

1 : ~~CHAR~~ ~~BY:~~

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